On examining the specimen the wall of the sac was infiltrated with blood clot and fibrin, and pus was found between the inflamed tube and placental tissue. As the sac was adherent to the bowel, it is reasonable to suppose that infection occurred through the intestine.

Fibroid Tumors Complicating Pregnancy and Labor.—DONALD (*Transactions of the Obstetrical Society of London*, 1901, vol. xliii., p. 180) contributes a paper under the above title. He considers the risks which fibroids cause during pregnancy to be rapid increase in the size of the tumor, with severe pain and great distress, incarceration of the tumor in the pelvis, serious pressure on the bladder, degeneration of the tumor through diminished nutrition, excessive rotation of the pregnant uterus, and abortion or premature labor.

In these cases abortion or labor is often complicated by obstruction of the birth-canal from the tumor, by malpresentations, by retention of the placenta or membranes, or by extrusion of the tumor during labor. Fibroids render septic infection much more likely than in cases without them.

These cases may be divided into those in which pregnancy is allowed to go to term and those in which it is necessary to interfere in the earlier months. It is usually best to allow the pregnancy to go to term, and then proceed in accordance with the conditions present. Cæsarean section is usually the best method of delivery. He reports a case in which pregnancy went until nearly term, when albuminuria and rapid failure in health made delivery necessary. Cæsarean section and hysterectomy were successfully performed. In the earlier months the writer does not believe that abortion should be induced. Septic infection occurred in one case coming under observation, and the patient was severely ill, but recovered. The tumor was removed later on by abdominal section. In three cases of abdominal hysterectomy for rapidly growing fibroids in the early months of pregnancy a successful result was secured.

When the tumor is so situated that it can be removed in the early months of pregnancy, this should be done, and thus the life of the child may be saved. The removal of subperitoneal pedunculated fibroids is not usually attended with much difficulty. Sessile tumors require enucleation and stitching of the gap in the uterine wall. Should this gap be extensive, hysterectomy is necessary.

Pseudocyesis.—In *La Semaine Médicale*, July 10, 1901, RAPIN reports the case of a patient who had an abortion at six months during the first year of her marriage. After this she had a catarrhal metritis and an attack of acute peritonitis, from which she recovered.

She gradually developed enlargement of the abdomen, with many of the signs and symptoms of pregnancy, and with the firm belief that she was in that condition. She finally came into false labor, having pains for some hours with distention of the abdomen. During the time of her supposed pregnancy her menstruation continued regularly.

Facial Paralysis after Spontaneous Labor.—In the *Centralblatt für Gynäkologie*, 1901, No. 45, GRÖNE reports the case of a child born in face presen-

tation and delivered spontaneously after a tedious labor. The child's face was swollen from the mouth to the eyes. Upon examination an exostosis was found behind the symphysis, to the right of the median line, and extending parallel to the ramus of the pubes. This growth had a smooth surface, and hence had not lacerated the face of the child. The pelvis was otherwise normal in contour. The promontory of the sacrum could not be reached by internal examination. The facial paralysis was upon the left side, and disappeared spontaneously in a few weeks after labor.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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The Evolution of the Ophthalmoscope.—THEOBALD, of Baltimore (*New York Medical Journal*, June 22, 1901), in an address reviewing the history of the ophthalmoscope which has now reached the fiftieth anniversary since its invention, remarks that the problem which the investigators, with the exception of Cumming, were endeavoring to solve was: Why the pupil appears black ordinarily, while under certain unusual conditions it emits a reddish light. Prevost, of Geneva, about 1810, noticed that the luminosity of the eyes of certain animals which had long been known disappears in a perfectly dark room. Rudolphi further showed that it was necessary to look into the eye in a certain definite direction to perceive the reflex. It had also long been known that in certain pathological conditions, such as intraocular growths and detachments of the retina, the eye emits a faint light. Cumming, 1846, then a student in the London Hospital, showed how a luminous appearance or reflection might be obtained in the normal human eye by examination in a dark room with the patient ten or twelve feet from the light source, while the observer's eye looks as nearly as possible into the observed in a direct line between the light and the eye. He supposed that the reflex which could always be obtained in normal eyes would disappear under pathological conditions, and thus furnish a means of diagnosis. Brücke, in 1847, placed a tube through the flame of a candle, and thus obtained a reflex, besides employing a method similar to that of Cummings; he also related an observation of a medical friend who, wearing concave glasses, obtained a reflex from the pupil of a person standing in front of him when the light reflected from the glasses entered the observed eye. In 1849 Babbage contrived an ophthalmoscope by scraping off a little of the silvering from the back of a plane mirror which he set obliquely in a suitable tube. This instrument more nearly resembled the modern instrument than that of